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SUBJECT: NON-SCALPEL VASECTOMY SUCCESSFULLY INTRODUCED IN  
RWANDA

¶1. (SBU) SUMMARY: USAID's Capacity and Twubakane (Building Together) projects, implemented by the Government of Rwanda (GOR) and U.S. private voluntary organization IntraHealth, have successfully introduced vasectomy in Rwanda. Since 2008, over 445 men have undergone the procedure in 11 of Rwanda's 30 districts. Vasectomy, a permanent method of preventing unwanted pregnancies, has great potential to enable Rwanda to further reduce fertility, which has already declined from 6.6 live births per woman in 2005 to 5.5 in 2008. END SUMMARY.

¶2. (SBU) Before 2008, vasectomy, a safe and highly effective family planning method, was used infrequently in Rwanda. Starting in 2008, under the leadership of the Ministry of Health (MoH), the IntraHealth-led USAID Capacity Project in Rwanda began to support training in the delivery of no-scalpel vasectomy (NSV) in Nyabihu and Gicumbi districts. Capacity/Rwanda, in partnership with MoH and district authorities, designed and implemented a program to 1) train doctors and nurses on counseling and deliver of NSV, 2) sensitize local officials to the benefits of NSV, and 3) develop information, education and communication (IEC) materials to reduce social stigma associated with the procedure. As of June 2009, trained providers in six Capacity-supported districts had conducted 390 NSVs. The IntraHealth-led Twubakane Decentralization and Health Program, in collaboration with district partners, began supporting training of NSV providers in April 2009. As of September 2009, providers had conducted 55 NSVs in five of Twubakane's districts.

¶3. (SBU) The Capacity Project closed in Rwanda in September 2009 and will close globally in March 2010. The Twubakane Project will close in January 2010. IntraHealth is currently compiling and analyzing data and project results for activities undertaken both for the Capacity project and the Twubakane program. In order to provide further data for decision-makers within Rwanda, IntraHealth will collect NSV-related data in IntraHealth's 13 partner hospitals that are currently providing NSV. These 13 hospitals are Shyira (Nyabihu district), Byumba (Gicumbi), Rutongo (Rulindo), Musanze (Musanze), Kibilizi (Gisagara), Muhororo (Ngororero), Kabutare (Huye), Kigeme (Nyamagame), Kaduha (Nyamagame), Gitwe (Ruhango), Kabgayi (Muhanga), Rwamagana (Rwamagana), and Kibungo (Ngoma). MoH will continue to lead this effort as part of its national family planning program under the direction of Dr. Fidele Ngabo, head of the department responsible for family health services, and with the support of the officer responsible for health management information systems, Dr. Emilien Nkusi.

¶4. (SBU) COMMENT: Family planning is a sensitive topic in Rwanda, as tradition here places a high value on large families. At the same time, Rwandans are acutely aware that

land is scarce and theirs is the most densely-populated country in Africa. The introduction of NSV in Rwanda by IntraHealth, with support from USAID, is a real success that has the potential to enhance greatly Rwandans' ability to plan their families and prevent unwanted pregnancies. END COMMENT.  
SYMINGTON